

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Provide all known, required information. If required data field information is unknown, designa



152492

of 3

- 001

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 729
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Santa Anna, CA 10/10/2004</i>	Date registrant became aware of incident. <i>10/12/2004</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>62719-4</i>		EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)	A.I. (s)
	Product 1 name <i>Vikane Gas Fumigant</i>		Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation:		Formulation:	Formulation:
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>See Incident Description Notes</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Personal privacy

DERBI: 152492 SC *H-C*
 Report: Yes ☒ No ☐
 If no, why: _____
 Date: *10-21-04*

Brief description of incident circumstances.

--- Tue Oct 12, 2004 @ 10:28

Caller states she had Vikane application done to her home on Wed October 6. She was given the all clear to come back into the house on Friday Oct 8. She, her husband and 3 cats did not reenter the home until Sunday October 10. Since that time she has complained of SOB, nose burning. She states she does not have any eye irritation. She states her husband has no effects. She states she has allergic reaction to chemicals and has had a problem in past when methyl bromide was used (lost her balance).

A:

I stated that it would be unexpected to have irritation persist and also to not have eye irritation at the same time if market compound was still present. Rarely some low level of chloropicrin may persist in which case it is best to ventilate, and contact the PCO. For now I recommended to continue to ventilate, stay out of home and contact PCO. Also gave her phone number for NAPC for cats. I suggested she see MD if SOB worsens though she stated she does not have good luck with doctors. She asked me what they might do for her and I stated they would examine her and if needed would recommend use of breathing treatments. She stated that her symptoms are not that bad. I gave her the case number and told her to cb as needed

--- Wed Oct 13, 2004 @ 10:11

Spoke to [REDACTED] at length about her situation. She is convinced that Vikane and/or chloropicrin remain in her home. She has tried all she can with ventilate the home as best as possible.

A; Vikane and chloropicrin have long since dissipated to levels well below thresholds of health concern. Unclear what may be contributing to her problems, especially since her husband seems to be fine. It is unlikely that there is an allergic reaction involved. Must consider that when homes are fumigated, a multitude of allergens may be released into the air as the home is prepared for fumigation. If problems persist, then consider seeing a doctor. [REDACTED] indicated that she does not believe in doctors and is unwilling to see one for this problem. Other suggestions for [REDACTED] were to continue ventilation.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: <i>76 yrs</i> Sex: <i>F</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>< 4 hours</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>None</i>	List signs/symptoms/adverse effects <i>Dyspnea</i> <i>Nasal irritation</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>	
Exposure data: Amount of pesticide: Exposure duration: <i>Acute, ≤ 8 hours</i> Weight:			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p><i>Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence. The Vikane and chloropicrin would most certainly be completely dissipated by Nov. 11, the most recent day the patient complained of continued respiratory symptoms whenever residing in her home for an extended period of time.</i></p>			
			Internal ID # <i>729</i>



152584

f3

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Provide all known, required information. If required data field information is unknown, designate

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person [REDACTED]	Internal ID 1261
Administrative Data	Address Glendale, CA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Glendale, CA 11/17/2004	Date registrant became aware of incident. 11/24/2004	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 62719-4		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name Vikane Gas Fumigant		Product 2 Name	
	Exposed to concentrate prior to dilution? No		Exposed to concentrate prior to dilution?	
	Formulation:		Formulation:	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). See Incident Description Notes		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes
	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Personal privacy

DERBI: 152584
 Report: Yes ☒ No ☐
 If no, why: _____
 Date: 12-1-04

Brief description of incident circumstances.

--- Wed Nov 24, 2004 @ 15:24

Caller states she lives next door (about 10-12 feet away) to a home that was treated with Vikane. The tent was removed on 11/17 and she states fans were placed in the dwelling to blow the left over material out of the home. She believes that this material then entered her home (no windows were open though she states she has louvered windows) She entered her home that same night and developed eye and throat irritation. She went to see a MD 3 days later and was treated for bronchitis and ear infection. She has since moved out of her home because she states she develops symptoms when she goes in and states she smells the product in her home. She has tried ventilating it but does not help. She has spoken with PC and they will not help her. She wants to know how to get rid of product odor

A; I stated that ventilation should have removed any residual that may have gotten into her home with in 24 hours so I cannot explain lingering odor. I discussed chloropicrin and stated that it can be an irritant but would not be expected to cause ear infection. Continue to work with your MD. I faxed her MSDSs at her request

Chemically sensitive, 64 yo, allergies sulfur, iodine formaldehyde

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 64 years Sex: F Occupation (if relevant) NA	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? No	Was exposure occupational? No If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: <1 hour	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Outpatient clinic	List signs/symptoms/adverse effects Dyspnea Ocular irritation/pain Throat irritation Bronchitis Otitis media		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Acute, ≤ 8 hours Weight:			
Human severity category: H-C			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p>Unattached residence would not be subject to exposure to significant amounts of Vikane or chloropicrin used in an adjacent residence that is being fumigated and aerated. Clinical history is suggestive of an infectious etiology based on a medical doctor's diagnosis of bronchitis and an ear infection.</p>			
			Internal ID # 1261